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This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.ustreas.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

a Control number		Void <input type="checkbox"/>		For Official Use Only ▲		OMB No. 1545-0008		22222					
b Employer identification number				1 Wages, tips, other compensation		2 Federal income tax withheld							
				\$		\$							
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld							
				\$		\$							
				5 Medicare wages and tips		6 Medicare tax withheld							
				\$		\$							
d Employee's social security number				7 Social security tips		8 Allocated tips							
				\$		\$							
e Employee's first name and initial		Last name		9 Advance EIC payment		10 Dependent care benefits							
				\$		\$							
				11 Nonqualified plans		12a See instrs. for box 12							
				\$		e		\$					
				13 Other		12b							
				\$		e		\$					
f Employee's address and ZIP code				12c									
				e		\$							
				14 Statutory employee		Pension plan		Third-party sick pay					
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>					
15 State		Employer's state ID no.		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	
				\$		\$		\$					
				\$		\$		\$					

Form **W-2** Wage and Tax Statement

2001

Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Copy A For Social Security Administration—Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

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